



Thomas O. Forslund, Director

Governor Matthew H. Mead

Policy Title:	Documentation and Retention	
Policy Number:	S-020	
Effective Date:	July 1, 2013	
Approval:	Thomas O. Forslund, Director	<u>6/17/13</u>

Purpose:

This policy addresses the documentation and record retention requirements specified by the Privacy and Security Rules.

Scope:

This policy applies to all Wyoming Department of Health (WDH) workforce.

Policy:

1. Documentation

- a. WDH shall maintain the following in written or electronic format:
 - Policies and procedures;
 - ii. Copies of required communications; and
 - iii. Copies of required actions, activities, designations, or assessments.
- b. All WDH workforce who disclose protected health information (PHI) shall document such disclosures.
 - i. WDH divisions/programs/facilities are responsible for storing such documentation and making it available for audit and compliance activities.
 - ii. Client use and disclosure restrictions (both the request and the approval/denial) shall be in writing and shall be maintained by each WDH division/program/facility.
 - iii. WDH Compliance Office designees shall document all requests and responses for accounting of disclosures of PHI.
- c. Each WDH division/program/facility shall maintain a file of business associate agreements (BAAs), contracts, and supporting documentation.
- d. The WDH Human Resources Office and all WDH facilities shall:
 - i. Document staff classifications and corresponding levels of access to PHI (i.e., role-based access designations).
 - ii. Document staff privacy and security training and the frequency of such training.
 - iii. Document sanctions applied to WDH workforce members for privacy and security violations.
- e. The WDH Compliance Office shall:
 - i. Document and retain the WDH Notice of Privacy Practices (NoPP) and any revisions to
 - ii. Document and retain a file of complaints received and corrective actions taken.

- 2. Retention. WDH shall retain the following documentation for a period of six (6) years from the date of creation or the date last in effect, whichever is later:
 - a. Policies and procedures;
 - b. Privacy and security complaints;
 - c. The NoPP:
 - d. Accounting of disclosures;
 - e. Impermissible disclosures;
 - f. Use and disclosures restriction requests;
 - g. Confidentiality agreements (e.g., BAAs, memoranda of understanding, acknowledgement of training);
 - h. Acknowledgment of receipt of NoPP;
 - i. Written requests for medical records (e.g., access to records requests, use or disclosure authorizations, consents, court orders, subpoenas);
 - j. Training rosters;
 - k. Confidential destruction certificates;
 - 1. Amendment requests;
 - m. Designation of roles and accesses:
 - n. Written disciplinary actions for violations of WDH policies related to the Privacy and Security Rules;
 - o. System activity review;
 - p. Privacy or security risk assessment documentation (i.e., risk analysis, privacy impact assessment, privacy threshold analysis);
 - q. System account or access requests;
 - r. Building access requests (e.g., key or access card issuance);
 - s. Data use agreements;
 - t. Data requests;
 - u. Application for waiver of authorization or modification of authorization;
 - v. Institutional review board approval of request for waiver, partial waiver, or modification of individual authorization for disclosure of PHI;
 - w. Changes in law that necessitate a change to WDH policies or procedures to comply with the Privacy and Security Rules; and
 - x. Any other documentation related to Privacy and Security Rule actions, activities, designations, or assessments.
- **3. Destruction.** Once documentation has met or exceeded the retention time requirements, it shall be destroyed in a manner that renders it unreadable, unusable and indecipherable.

Contacts:

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Forms:

R-004; System Modification Documentation and Retention Guidelines

R-005; General Documentation and Retention Guidelines

References:

45 CFR §§ 164.316 and 530

Training: